

To: Members of the House Health Policy Committee
From: Chris Mitchell, Senior Vice President, Advocacy
Paige Fults, Director, Advocacy
Date: Sept. 27, 2017
Re: Senate Bill 166 – Running PDMP Reports
Position: Neutral

As a member of Gov. Snyder's Michigan Prescription Drug and Opioid Abuse Taskforce, the Michigan Health & Hospital Association (MHA) and its member hospitals are committed to helping address the misuse and abuse of prescription drugs while ensuring patients receive the most appropriate care and treatment for their individual healthcare needs.

The MHA is neutral on Senate Bill (SB) 166, sponsored by Sen. Tonya Schuitmaker (R-Lawton). This bill would require running a prescription drug monitoring program (PDMP) report before prescribing or dispensing schedule II-V controlled substances to a patient unless for "inpatient use." The MHA greatly appreciates this provision since the delivery of such a prescription drug occurs by lawful order of a prescriber, and the hospital monitors both the patient and the prescribed drugs in an inpatient setting. However, the bill does not currently cover outpatient surgery patients, since they are not considered to have "inpatient status." In consideration of the types of procedures occurring in outpatient surgery settings and the aftercare required to mitigate patient pain in these instances, the MHA would like to request consideration of changing "patient's inpatient use" to "while present at the facility" in SB 166.

In addition, the MHA also recommends that a PDMP report be run for prescriptions that extend beyond a seven day supply, a provision modeled after a similar policy in Ohio that helps balance good policy and administrative burden. While there is great value in running a PDMP report, it can cut into time spent with patients and their families. Furthermore, prescriptions with a seven day or less supply have a smaller risk of inappropriate use or diversion for profit. With the launch of Michigan's upgraded PDMP many providers are currently seeking ways to integrate the use of PDMPs into electronic health records, which would allow reports to run automatically. While there is state funding for initial integration and one year of licensing fees, there is no state funding available from that point after. Requiring physicians to run reports for prescriptions extending beyond a seven day supply will enable healthcare practitioners to determine if patients are receiving controlled substances from other providers and will assist in the prevention of prescription drug abuse.

The MHA will continue to work with the bill sponsor to ensure access to care and pain management needed by patients are available in the both the inpatient and outpatient settings. Please contact Paige Fults (pfults@mha.org) at (517) 703-8616 at the MHA if you have further questions regarding SB 166.

Brian Peters, Chief Executive Officer